

## Reflective Practice; A Tool for Learning

### Course Aims / Objectives

- Promote an understanding of Reflection in the context of life-long learning
- Address frameworks accessible to aid the reflective process
- Help you appreciate the skills required for reflective practice
- Get you started keeping a journal/diary to encourage exploration of experiences

<b>Target Group:</b>	Non-Registered Health Care Workers	
<b>Facilitator(s):</b>	Liz Brewer	
<b>Course Content:</b>	<b>Programme Dates:</b>	<b>Times:</b>
	27 <sup>th</sup> March 2012	13.30-16.30
	18 <sup>th</sup> September 2012	09.30-12.30
<b>Location:</b>	Heath Centre, Little Havens Hospice, Daws Heath Road, Thundersley, Essex, SS7 2LH	
<b>Cost to External Delegates:</b>	£35.00 The cost of the day includes morning refreshments	

To reserve a place, please complete the **Course Application Form** on the reverse of this flyer and send us the completed form to [education@havenshospices.org.uk](mailto:education@havenshospices.org.uk) or by facsimile to 01702 556712.

**Note:** The place will be confirmed upon receipt of payment only. Refunds cannot be made if cancellation is within 72 hours of the course.

## Course Application Form

For use by Education Training & Development Department only

Date Received in ETD		Signature of booker	
Date Course booked		Authorised by Dept Manager (tick)	
Date Conf. Letter Mailed		Invoice Number	

Choose from the list below by placing a tick next to the dates you wish to attend.

<b>Reflective Practice; A Tool for Learning</b>		√ dates required
	27 <sup>th</sup> March 2012	
	18 <sup>th</sup> September 2012	

### Personal Information

Title ..... E-mail .....

Surname ..... Telephone Number .....

First Name ..... Fax Number .....

Organisation ..... Dietary requirements .....

Address ..... .....

Town ..... Special Needs to Aid Training .....

County ..... .....

Post Code .....

**Payment Methods** Please place an **X** in the box to indicate your preferred payment method:

- By BACS An Invoice will be mailed to you with the BACS details and Reference Number
- By Cheque Please make cheque payable to Little Havens Children's Hospice and put the course name and students name on the back of the cheque.
- By Invoice An Invoice will be mailed to you
- By Credit Card Please phone 01702 426248 for further details on using this method of payment.

**Purchase Order Number** (from your Finance Department):

**Please note:** Refunds cannot be made if cancellation is within 72 hours of the course.  
The cost of the day includes lunch, morning and afternoon refreshments

#### Data Protection

In accordance with the Data Protection Act 1998, we are required to inform you that your details will be retained and held on file for administrative purposes by Havens Hospices. Your information will not be passed on to any other organisation unless we have your prior consent.

Send the completed booking form and cheque to: Education & Training Department,  
Little Havens Children's Hospice, Thundersley, Essex SS7 2LH

Tel: 01702 556645 Fax: 01702 556712 e-mail: [education@havenshospices.org.uk](mailto:education@havenshospices.org.uk)